



**SUMMER 2006
INSPIRED INTERNSHIP PROGRAM**



INTERNSHIP OPPORTUNITY FORM

*Please complete one form for **each** distinct position available.*

Business/Organization Name _____

Complete Worksite Address _____

Major Cross Streets _____

Supervisor Name and Title _____

Phone _____ Fax _____ Email _____

Web Address _____

Alternate Supervisor (if any) _____

Phone _____ Fax _____ Email _____

Internship Title _____

Description of Internship Duties _____

How many positions are available for the above internship? _____

Skills youth may expect to develop from their internship experience: _____

Available hours youth may work each day (example...M 2PM -5 PM)

M_____ T_____ W_____ TH_____ F_____ SAT_____ SUN_____

Skills/qualities required before youth is considered for placement with you: _____

Additional Notes: _____

If you have previously provided this information, you do not have to completely fill out this form again.

However, please update the hours available and the contact information sections

**Please fax completed form to Kristen Major, Business Liaison, by June 2, 2006,
at (562) 570- 4744. For further information please call (562) 570-4733
or e-mail kristen_major@longbeach.gov.**